



## Missouri Pharmacy Program – Preferred Drug List



### ***Leukotrienes***

***Effective 04/13/2005***

Revised 01/03/2008

#### **Preferred Agents**

- Singulair®
- Accolate®

#### **Non-Preferred Agents**

- Zflo®
- Zflo® CR

<b><u>Approval Criteria</u></b>	<b><u>Denial Criteria</u></b>
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents	Lack of adequate trial on required preferred agents.
Documented trial period for preferred agents.	Therapy will be denied if no approval criteria are met.
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.